

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>0990985K</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	<i>3</i>							
TOTAL DEP.	<i>12</i>	←	←	←				
TOTAL CLAIMS	<i>15</i>							
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS								